

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
Domestic Mail Only: No Insurance Coverage Provided)

0006 5229 8603

Postage	
\$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Registered Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here  
C-1-00-739  
Doc 92

Sent to **CARMEN CARTER**

Street, Apt. No.,  
or PO Box No. **419 PROBASCIO ST. #7**

City, State, ZIP+4 **CINCINNATI, OH 45202**